



# CITY OF CLEWISTON, FLORIDA

## Application for Citizen Board Appointment

Last Name:	First Name:	Middle Initial:
Home Address:		
City:	State:	Zip:
Employer:		
Occupation:		
Business Address:		
City:	State:	Zip:

### Committee/Board of Interest to you:

<input type="checkbox"/>	Boating Advisory Committee
<input type="checkbox"/>	Citizens Advisory Task Force
<input type="checkbox"/>	Community Redevelopment Agency Advisory Committee
<input type="checkbox"/>	Library Advisory Board
<input type="checkbox"/>	Planning and Zoning Board

What experience or special training do you have which you feel particularly fits you for the appointment to this position?

Applicant's Signature:

Date:

Please submit application to:

City Manager Wendell Johnson  
City of Clewiston, Florida  
115 West Ventura Avenue  
Clewiston, FL 33440

Or email to:

[wendell.johnson@clewiston-fl.gov](mailto:wendell.johnson@clewiston-fl.gov)